Law Offices of Julie Rendelman, LLC

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Application granted. Defendant shall surrender to the U.S. Marshal's Service in the White Plains Courthouse by July 25, 2025 before 2:00 p.m. All other conditions of Defendant's bail as specified in the Court's May 6, 2025 Order (Doc. 21) remain in full force and effect. The Clerk of Court is respectfully directed to terminate the pending letter-motion (Doc. 22).

SO ORDERED.

Philip M. Halpern
United States District Judge

Dated: White Plains, New York
June 24, 2025

TO: Hon. Philip M. Halpern
United States District Court
United States Courthouse
300 Quarropas Street
White Plains, NY 10601-41

RE: *United States v. Ecequiel Reyes,7:24-cr-00631-PMH*

Dear Judge Halpern,

This letter is submitted on behalf of defendant Ecequiel Reyes, to respectfully request that Mr. Reyes, who is presently scheduled to surrender to the U.S. Marshal's Service by June 27, 2025, be permitted to delay surrender until a date in late July, 2025, due to medical issues.

As the Court is aware, on May 5, 2025, the Court accepted Mr. Reyes' guilty plea. Following his plea, the Court granted defendant's application to continue his bail until June 27, 2025, finding he had clearly shown that he was not likely to flee or pose a danger to the community and there were exceptional reasons under 18 USC 3145(c). The Court modified the bail conditions to include location monitoring via GPS.

On March 20, 2025, prior to his plea, Mr. Reyes was involved in a motor vehicle accident as a back seat passenger. He sustained injuries to his left knee, left shoulder, neck and lower back and went to the hospital the following day as his pain increased.

Initially, Mr. Reyes was attending physical therapy sessions to help alleviate pain. However, in recent weeks, the pain has increased greatly with radiating pain in his lower back, burning sensations around his neck and sharp pain to his shoulder area. He was diagnosed with intervertebral and cervical disc displacement in several areas, muscle spasms to the back, and multi-level thecal sac impingement and facet arthropathy. (See attached medical records, which include a review of Mr. Reyes' CT Scan).

Mr. Reyes is scheduled to undergo an epidural procedure on June 26, 2025 in hopes of relieving some or all of the present pain. He has a follow up appointment on July 10, 2025 to determine options should the epidural be ineffective.

The defense believes Mr. Reyes' current physical condition falls under exceptional conditions such that a delay in his surrender would be appropriate. We are thus asking this Court to allow

Mr. Reyes to surrender in a date in late July of 2025.

I have spoken with AUSA Reyhan Watson, who takes no position in this matter. If the Court has any questions or concerns, please contact my office. Thank you for your attention in this matter.

/s/ Julie Rendelman
Julie Rendelman, ESQ.
Attorney for Defendant Ecequiel Reyes

cc: Reyhan Watson, Assistant U.S. Attorney (email)

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June 24, 2025

RE: *United States v. Ecequiel Reyes,7:24-cr-00631-PMH*

Exhibit A: Medical Records

LR MEDICAL PLLC

COHEN, MARK, MD

2277-83 Coney Island Ave Ste 2A
Brooklyn NY 11223
Tel: 718-998-9890
Fax: 718-998-9891

2279-83 CONEY ISLAND AVE STE1A
BROOKLYN NY 11223
Tel: 718-998-9400
Fax:

2279 CONEY ISLAND AVE STE 2A
BROOKLYN NY 11223
Tel: 718-998-9400
Fax:

2279 83 CONEY ISLAND AVE STE 2C
BROOKLYN NY 11223
Tel: 718-998-9890
Fax:

300 Old Country Road, Suite#101
MINEOLA NY 11501
Tel: 718-998-9890
Fax:

95-27 JAMAICA AVENUE
WOODHAVEN NY 11421
Tel: 718-998-9890
Fax:

NAME: Reyes, Ecequiel **GENDER:** Male **DOB** [redacted]/1989 **AGE AS OF 06/24/2025:** 35y
ADDRESS: 17 Kirby ct STATEN ISLAND NY 10301 **TEL:** 929-257-9585
DATE OF SERVICE: 06/24/2025 **Time:** 08:45:00 AM
Insurance Name: N/F Geico Insurance Company **Insured:** Reyes, Ecequiel **InsuredID:** [redacted]
GroupNumber: 000000

Chief Complaint
Reason for Visit:
Neck pain.

Lower back pain.

Left shoulder pain

Left knee pain
History of Present Illness:
The patient is a 26 year old male who was involved in a motor vehicle accident on 3/20/2025 .

Position in a vehicle: back seat passenger.

Context of accident: Hit on multiple sides passengers then drivers side.

Restraints: Wearing a seatbelt at the time of the accident.

Injuries sustained: Injuries to the left knee, left shoulder, neck and lower back.

Hospital: He took himself to the local Hospital Emergency room following day, when pain increased.

Patient was asymptomatic prior to the accident.

06/24/2025
Patient seen for follow up exam and CT scan review. We reviewed their C and L spine CT scans in detail and discussed treatment options including ESI and discectomy as well as further investigations such as EMG.

Neck pain with radiation to left shoulder and shoulder blade. VAS 6/10, intermittent, and is made worse with neck flexion/extension and lateral rotation. Additionally, the quality of the pain is described as sharp pain with pressure and burning around the neck.

Low back pain with radiation to bilateral buttocks VAS 7/10, intermittent, aching, sharp. Pain is exacerbated by mechanical type activities including standing, sitting, bending forward, lifting and twisting, whereas standing and walking worsens back pain.

Left shoulder pain: VAS 6-8/10, intermittent, dull, aching, sharp, shooting. Pain is exacerbated by mechanical type activities including shoulder rotation and movement. Patient reports joint stiffness and pain in the morning. Patient also reports pain radiating into the distal arm. Patient denies numbness and weakness.

Left knee pain. VAS 7/10, intermittent, dull, aching, sharp, shooting. Pain is exacerbated by mechanical type activities including standing and walking.

Patient also reports concomitant fatigue, impaired work tolerance, difficulty sleeping, concentrating and performing activities of daily living.
Diagnostics studies reviewed.

Past Medical History:
(1) No Significant Past Medical History

Surgical History:
(1) left elbow/arm/wrist ORIF 2001

Allergy:
Medication
No Known Medication Allergy
Food
No known Food Allergy
Environmental
No known Environmental Allergy

Review of Systems:
Constitution:
All systems were reviewed and otherwise negative except for musculoskeletal and neurologic as above.

Physical Exam Detail:
Muscular:
Cervical Spine:
Palpation: Tenderness of paraspinal muscles, spinous processes, interspinous ligaments, medial border of scapula.

Moderate muscle spasms along cervical paravertebral, occipital, trapezius, levator scapulae b/l.

ROM: Limited range of motion involving rotation, lateral bending, extension.
Pain at extremes of motion.

Lumbar Spine:
Palpation: Tenderness in lower back and sacroiliac region, as well as spinous processes L2-S1.

Muscle spasm along lumbar paravertebral, multifidus, sacrospinalis, gluteus and piriformis b/l.

ROM: Limited range of motion of lumbar spine and pelvis, especially with extension (pain).

Shoulder Exam: left

Tenderness to palpation: Tenderness upon palpation over the subacromial and sub-deltoid bursae. ROM: Limited range of motion with flexion and abduction.
Increase pain with over-head activity.

Left Knee:
Tenderness over medial and lateral joint line.
Limited range of motion of the knee.
Pain of the knee with flexion.

Orthopedic:
Spurlings positive right.

SLR +(left): 45 degrees; difficulty with squating.
Neurological:
Sensory (left): diminished pin prick and light touch sensation C5, C6 dermatome.

Reflexes (left): brachioradialis and bicep +1.

Motor (left): 4/5 deltoid, biceps, wrist extensors.

Sensory (left): pin prick and light touch decreased L5 and S1.

Motor (left): hip extensors, ankle extensors, knee flexors 4/5.

DTR (left): +1 Patella, Achilles.
Contstitutional:
AAOx3, no acute distress.
Head/Scalp/Face/Neck:
Normocephalic
Eyes:

Normal conjunctiva, pupils are symmetric

Extremities:
No deformity or edema

Skin/Membrane:
Skin warm to touch, normal color, no rash

Psychiatric:
Normal mood, normal affect

Diagnosis Code:
(1) Other intervertebral disc displacement, lumbar reg (M51.26)
(2) Other intervertebral disc displacement, lumbosacra (M51.27)
(3) Other cervical disc displacement, high cervical re (M50.21)
(4) Other cervical disc displacement, cervicothoracic (M50.23)
(5) Muscle spasm of back (M62.830)
(6) Cervicalgia (M54.2)
(7) (M23.8X2) Other internal derangements of left knee (M23.8X2)
(8) Inj musc/tend the rotator cuff of left shoulder, i (S46.092A)

Procedure Code:
(1) OFFICE/OUTPATIENT VISIT, EST (99214)
(2) NERVOUS SYSTEM SURGERY (64999)

Assessment/Plan:

Other intervertebral disc displacement, lumbar reg:

CT scan reviewed/discussed with the patient in detail, significant for L5-S1, HNP, with thecal sac impingement, facet arthropathy, multilevel DB, L3-L4, L4-L5, with thecal sac impingement., with neuroforaminal impingement., multilevel facet arthropathy

Discussed various treatment options, including conservative treatments (activity modifications/rest, physical therapy, medication management), as well interventional and minimally invasive procedures.

discussed ESI vs discectomy, r/b/a discussed both procedures

Patient expressed interest in proceeding with Lumbar, epidural steroid injection due to severity of pain.

wants to focus treatment on more conservative treatment at this time, consider ESI vs discectomy in the future

Based on the history, examination, and imaging, patient was diagnosed with lumbar disc displacement and lumbar muscle spasms. I would like to proceed with Epidural Steroid Injection to elucidate the pain generator and to provide therapeutic benefit in terms of analgesia and functional improvement, as well as lumbar trigger point injection.1. An epidural glucocorticosteroid injection is an option for acute or subacute radicular pain syndromes. Its purpose is to provide a few weeks of partial pain relief while awaiting spontaneous improvement.

An epidural steroid injection may cause short-term improvement which may assist in successfully accruing sufficient time to ascertain if conservative care will succeed.

Indications and medical necessity: Radicular pain syndromes lasting at least 3 weeks having been treated with NSAIDs and without evidence of trending towards spontaneous resolution.

2. Trigger point injection is one of the many modalities utilized in the management of chronic pain. Myofascial trigger points are self-sustaining hyperirritative foci that may occur in any skeletal muscle in response to strain produced by acute or chronic overload. These trigger points produce a referred pain pattern characteristic for that individual muscle.

Patient had a trial of NSAIDs and muscle relaxants and reports persistent pain and muscle spasm.

I would like to proceed with trigger point injections that consists of injection of local anesthetic with or without corticosteroid into highly localized, extremely sensitive bands of skeletal muscle fibers that produce local and referred pain when activated. Medication is injected in the area of maximum tenderness.

Other intervertebral disc displacement, lumbosacra:

The patient would benefit from **electrodiagnostic study of the lower extremities** to evaluate and differentiate between possible lumbar radiculopathy versus a peripheral or entrapment neuropathy causing patients symptoms. The results of the study can help us tailor the physical therapy and pharmacologic treatment for a better patient outcome and help us determine whether it would be appropriate to consider interventional therapies such as epidural steroid injections or perhaps surgery.

Patient has moderate to severe lower back pain. I am recommending fitted lumbar support over the next 4 to 8 weeks.
The fitted lumbar brace is medically necessary as an assistive device to reduce rotation, stabillize lumbar compartment and assist ambulation. Patient will continue conservative treatment with physical therapy, analgesics.
I certify that the prescribed product is medically indicated and are reasonable and necessary.

Percutaneous Neuromodulation therapy.

mPNS therapy involves focused magnetic pulses to stimulate peripheral nerves. It generates lower electric fields at the surface of the body, resulting in greater penetration and the ability to stimulate deep nerves. mPNS delivers higher intensities at and above motor threshold leading to maximal recruitment of the nerve fibers. mPNS has the same ability to mimic similar applications of standard PNS without invasive techniques or the need for any short-term or long-term implants.

mPNS is currently FDA cleared to stimulate peripheral nerves for relief of chronic intractable, post-traumatic and post-surgical pain for patients 18 and older.

I recommended to my patient a trial of mPNS treatment based on the FDA approved protocol.

Procedure:
Percutaneous Neurostimulation Therapy (mPNS):

Area / Nerve: Lumbar plexus

Noninvasive electroneurographic localization was performed to identify target peripheral nerve.

Treatment protocol:

Rep Rate: 0.5 pps

Pulse Train 10

Number of Trains 40

Inter Train Interval 2.0 sec

Defined Number of Stimuli: 400

Amplitude: Start at 30% with gradual increase to 50%-60% as tolerated.

Treatment Duration: 13 min
Total Time: 20 min.

Other cervical disc displacement, high cervical re:
CT scan reviewed/discussed with the patient in detail, significant for multilevel HNP, C4-C5, C5-C6, with thecal sac impingement., with neuroforaminal impingement, facet arthropathy

Discussed various treatment options, including conservative treatments (activity modifications/rest, physical therapy, medication management), as well interventional and minimally invasive procedures.

discussed ESI vs discectomy, r/b/a discussed both procedures

Based on the history, examination, and imaging, patient was diagnosed with cervical disc displacement. I would like to proceed with Epidural Steroid Injection to elucidate the pain generator and to provide therapeutic benefit in terms of analgesia and functional improvement.An epidural glucocorticosteroid injection is an option for acute or subacute radicular pain syndromes. Its purpose is to provide a few weeks of partial pain relief while awaiting spontaneous improvement.

An epidural steroid injection may cause short-term improvement which may assist in successfully accruing sufficient time to ascertain if conservative care will succeed.

Indications and medical necessity: Radicular pain syndromes lasting at least 3 weeks having been treated with NSAIDs and without evidence of trending towards spontaneous resolution.

Patient is currently participating in an active rehabiliation program.

Other cervical disc displacement, cervicothoracic:
The patient would benefit from **electrodiagnostic study of the upper extremities** to evaluate and differentiate between possible cervical radiculopathy versus a peripheral or entrapment neuropathy causing patients symptoms. The results of the study can help us tailor the physical therapy and pharmacologic treatment for a better patient outcome and help us determine whether it would be appropriate to consider interventional therapies such as epidural steroid injections or perhaps surgery.

rx cervical traction

Muscle spasm of back:
Paraspinal muscle trigger point injections R/B/A discussed.

Indications and Medical Necessity:

Myofascial trigger points are self-sustaining hyper-irritative foci that may occur in any skeletal muscle in response to strain produced by acute or chronic overload. These trigger points produce local and referred pain, characteristic of each individual muscle. Injection of local anesthetic and/or corticosteroid into these highly localized, extremely sensitive bands of skeletal muscle fibers is indicated for the treatment of myofascial pain.

Pt prescribed muscle relaxant with explicit instructions to slowly titrate medication as tolerated. Discussed risks and benefits of medication use as well as education on proper use of medication. Pt instructed to start with QHS dosing for 3-4 days as tolerated and slowly titrate up to TID dosing as needed for muscle spasm. Patient was educated on possible side effects: drowsiness, sedation. Patient was advised to avoid driving while taking prescribed medication.

Cervicalgia:

The patient was advised that NSAID-type medications have two very important potential side effects: gastrointestinal irritation including hemorrhage and renal injuries. The patient was asked to take the medication with food and to stop if experiences any GI upset. I asked patient to call for vomiting, abdominal pain or black/bloody stools.
Patient was also informed that NSAIDS may interact with other medication and cause adverse drug reaction. I asked patient to notify us or primary care physician of any changes to current medication regimen.
The patient expresses understanding of these issues and questions were answered.

(M23.8X2) Other internal derangements of left knee:
CT scan discussed

Physical therapy to improve the mobility and restore the use of affected joints, as well as to increase strength to support the joints, and maintain fitness and the ability to perform daily

activities.

Topical analgesic assure targeted drug delivery, evade the oral route and almost lack systemic adverse effects. Local anesthetics block nociceptive signals and are of benefit when treating acute and chronic nociceptive and neuropathic pain. Lidocaine has proven effective as a topical analgesic, with a variety of prescription and OTC formulations available.

Gudin J, Nalamachu S. Utility of lidocaine as a topical analgesic and improvements in patch delivery systems. Postgraduate Medicine. 2020 Jan 2;132(1):28-36.

Inj musc/tend the rotator cuff of left shoulder, i:
Left shoulder CT

Physical therapy to improve the mobility and restore the use of affected joints, as well as to increase strength to support the joints, and maintain fitness and the ability to perform daily activities.

The patient was advised that NSAID-type medications have two very important potential side effects: gastrointestinal irritation including hemorrhage and renal injuries. The patient was asked to take the medication with food and to stop if experiences any GI upset. I asked patient to call for vomiting, abdominal pain or black/bloody stools.
Patient was also informed that NSAIDS may interact with other medication and cause adverse drug reaction. I asked patient to notify us or primary care physician of any changes to current medication regimen.
The patient expresses understanding of these issues and questions were answered.

Other Plan/Conclusion
PROGNOSIS: Fair

CAUSALITY:
I feel that there is a direct causal relationship between the accident described and the patient`s current injuries. The patient`s symptoms and clinical findings are consistent with musculoskeletal injuries to the described areas. There is a direct causal relationship between the accident described and the patient's current injuries. The patients complaints consistent with the history of the injury. The patients history of the injury is consistent with my objective findings.

Patient was advised to continue following up with regular doctor or a clinic for any other medical conditions or concerns.
Patient was also advised that should at anytime symptoms (pain) or problems become more intense to report immediately to the nearest emergency room for a more emergent evaluation.

I have discussed the findings of this examination with the patient. The discussion included a complete verbal explanation of the examination results, diagnosis and planned treatment(s). The patient verbalized understanding of these instructions at this time.
Risk, benefits, alternatives discussed with patient.
Patient was educated on:
The safe and effective use of medications.
The safe and effective use of medical equipment.

If any questions should arise after returning home I have encouraged the patient to feel free to contact the office.

Prescription:
(1) **Cyclobenzaprine HCl 7.5 MG Oral Tablet SIG:** 1 Tablet by mouth at bedtime, for muscle spasms **Disp:** 30 Tablet
(2) **Lidoderm 5 % External Patch SIG:** 1-3 patch transdermally per location one time remove after 12 hours **Disp:** 90 Patch
(3) **Meloxicam 15 MG Oral Tablet SIG:** 1 Tablet QD as needed for pain with food or milk **Disp:** 30 Tablet **Notes:** geico doa 3/20/2025 cl # 883106970000001

PTNote:

Attending Provider: REYFMAN, LEONID, MD, Covering Provider: COHEN, MARK, MD
Electronically signed by COHEN, MARK, MD at 6/24/2025 10:12:12 AM